

The AdvantAGE Programme in Wales.

A summary of key themes and learning points from advocacy projects.

Research paper by the All Wales Advocacy Evaluation Network (AWAEN)



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1 INTRODUCTION

1.1 The AdvantAGE Programme

In 2012, the Big Lottery Fund in Wales (The Fund) announced it was investing some £20 million in 30 projects operating across Wales via the AdvantAGE programme. The AdvantAGE programme aims to improve the lives of older people by providing access to befriending or advocacy services. The programme recognises, and seeks to address the fact that older age brings challenges which, without support, can be daunting and lead to social isolation – which means loneliness or lack of contact with other people.

The programme, via its suite of projects is targeting people over the age of 50 living in Wales. The outcomes that the Fund wants to achieve through the AdvantAGE programme include:

- Reduced loneliness and increased wellbeing through improved social interaction.
- Increased confidence and ability to meet the challenges and opportunities of ageing.
- Increased understanding and use of rights and awareness and uptake of services leading to greater independence and choice for older people.

In addition, all projects funded by AdvantAGE are expected to achieve a fourth outcome which is that:

- Results of evaluation must demonstrate the impact and promote the development of advocacy and befriending services.

1.2 The AWAEN Network

Nine of the 29 projects funded via AdvantAGE are advocacy projects¹ and the organisations delivering these projects have come together to form the All Wales Advocacy Evaluation network (AWAEN).

The AWAEN Network was convened for the first time in April 2012, when the terms of reference were agreed as being to:

‘Maximise the potential to influence policy and practice related to advocacy provision for older people in Wales, through collaboration, support, and coordination of evaluation across AdvantAGE funded Advocacy projects’².

While the Fund has not actively participated in AWAEN meetings (the network is self-determining and does not form part of any formal structure), they have been fully supportive of the group’s existence and remit.

The Fund has assisted the work of AWAEN by making available the resources of an external contractor (Old Bell 3 Ltd.) to assist AdvantAGE projects with self-evaluation.

¹ The other 20 being befriending projects.

² AWAEN Network Terms of Reference. Page 1.

1.3 The purpose of this paper

In response to a lack of evaluative evidence about advocacy for older people, the member organisations of AWAEN identified the need to bring together monitoring information and evaluation evidence from their projects in a collective and strategic way to help inform policy and practice.

This is the fourth and final iteration of this paper, the first of which was completed in February 2013. While the earlier iterations of this paper have not been formally published, they have been proactively used by AWAEN members to disseminate evaluation findings and to inform wider policy debates. Activity in this regard has included:

- Sharing papers informally with the Older Person's Commissioner including a presentation of evaluation findings to the Commissioner at a seminar in November 2014.
- Submitting an earlier iteration of the paper as evidence to a meeting of the Advocacy Service for Older People Advisory Group – chaired by the Older People's Commissioner for Wales.
- Submitting an earlier iteration of the paper to Welsh Government officials providing support to the Safeguarding Advisory Panel. This panel fed directly into the development of safeguarding elements of the Social Services and Well-being (Wales) Bill. As a result of submitting the paper, the lead civil servant supporting the group's work requested a meeting with AWAEN to discuss the evidence in more detail.
- Sharing an earlier iteration of the paper informally with Gwenda Thomas AM (Deputy Minister for Social Services) by the South West Wales Advocacy project.

The aim of this final iteration is to take a more summative approach to answering the following research questions:

- How much have AdvantAGE advocacy projects achieved?
- How well have they delivered their services?
- What difference have they made?

The remainder of this paper provides:

- An updated socio-demographic overview of older people in Wales.
- Definitions of the practice of advocacy.
- An updated overview of key policy drivers and research evidence in relation to older people in Wales.
- An overview of lessons learned based on a meta-analysis of monitoring information and evaluation evidence gathered by individual projects.
- Conclusions from the work undertaken.

The main body of the paper is supported by a series of technical annexes which contain more detailed monitoring information and evaluation evidence supplied by the individual projects.

1.4 Methodology

This work is based on a meta-analysis of monitoring data and self-evaluation evidence gathered by individual AdvantAGE advocacy projects. No primary research has been undertaken in formulating this paper. The work has thus involved:

- Reviewing a number of relevant policy, strategy and research documents (referred to in chapters 3 and 4).
- Receiving, collating and analysing monitoring data and evaluation evidence from all nine of the AdvantAGE advocacy projects. The material is analysed in chapter 5 with the underpinning data, information and evidence base presented in a series of six technical annexes.

2 OLDER PEOPLE IN WALES

2.1 Brief Socio-Demographic Overview

Welsh Government Statistics Wales data³ shows that there are **600,630** people of 65 years and over living in Wales which represents **19.4 per cent** of the population.

Earlier iterations of this paper analysed Public Health Observatory Wales (PHOW) data (2010) which estimated that there were 558,100 people of 65 years and over living in Wales (or 18.6 per cent of the population). This confirms the trend of an ageing population in Wales. Indeed research by Age Cymru states that Wales has a population with the highest proportion of older people in the UK⁴.

The table below shows the percentage population aged over 65 within each of Wales' 22 local authority areas based on the 2013 Stats Wales data.

Figure 1: Population estimates* and percentage of population aged 65 and over, local authorities, all ages and persons aged 65 and over, 2013

	All ages	Over 65s	% over 65s
Isle of Anglesey	70,091	16,579	23.6
Gwynedd	121,911	26,672	21.8
Conwy	115,835	29,757	25.6
Denbighshire	94,510	21,189	22.4
Flintshire	153,240	29,341	19.1
Wrexham	136,399	24,824	18.1
Powys	132,705	32,718	24.6
Ceredigion	75,964	16,726	22
Pembrokeshire	123,261	28,750	23.3
Carmarthenshire	184,681	40,572	21.9
Swansea	240,332	45,361	18.8
Neath Port Talbot	139,898	27,544	19.6
Bridgend	140,480	26,606	18.9
The Vale of Glamorgan	127,159	24,967	19.6
Cardiff	351,710	47,826	13.5
Rhondda Cynon Taf	236,114	42,842	18.1

³ See: <https://statswales.wales.gov.uk/Catalogue/Equality-and-Diversity/Equality/Population-Estimates-by-Age-Year>

⁴ Older people in Wales: facts and statistics. March 2014. Age Cymru. Page 3.

Merthyr Tydfil	59,021	10,332	17.5
Caerphilly	179,247	31,831	17.7
Blaenau Gwent	69,789	13,086	18.7
Torfaen	91,407	17,355	18.9
Monmouthshire	92,100	20,675	22.4
Newport	146,558	25,077	17.1
Wales	3,082,412	600,630	19.4

Source: Welsh Government Stats Wales.

**Produced using population estimates by the Office for National Statistics, based on 2011 Census data.*

Work published by Age Cymru in March 2014 also found that:

- In Wales, there were 25,000 residents aged 90 and over in 2011, compared with 19,000 in 2001⁵.
- The number of people aged 65 and over in Wales is projected to increase by 292,000 or 50 per cent between 2012 and 2037⁶.
- In Wales, the median age of the population is projected to increase from 41.7 years in 2012 to 43.9 years by 2037⁷.
- In terms of life expectancy, Monmouthshire has the highest life expectancy at birth for males (80.1 years) and Ceredigion has the highest life expectancy at birth for females (83.9 years). Blaenau Gwent has the lowest life expectancy in Wales for both males and females (75.7 years and 79.9 years respectively)⁸.
- Overall, 15.4 per cent of the Welsh population over 60 can speak Welsh.⁹
- One in three people in Wales aged 65 and over lives on their own. For people aged over 85 it is nearly one in two. 43 per cent of people aged 75 and over live alone in Wales.

In relation to general health and well-being, various sources of research have reported that:

- 85 per cent of people responding to an Age Cymru poll said that they have concerns about their health in relation to ageing¹⁰.
- 40 per cent of people aged 65 and over in Wales say their health is fair or poor¹¹.
- Current estimates are that approximately 43,000 people in Wales are experiencing dementia¹². The Alzheimer's Society estimated the number to be closer to 45,000 in 2012. The Welsh Government estimates that by 2021, the number of people with dementia across Wales is projected to increase by 31% and by as much as 44% in some rural areas¹³. Dementia is more common as people age, with one in 14 people

⁵ Ibid. Page 3.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid. Page 6.

⁹ Source: 2011 Census Data. Stats Wales.

¹⁰ Ibid. Page 11. This finding was based on an ICM poll for Age Cymru conducted in March 2012.

¹¹ Ibid.

¹² Older people in Wales: facts and statistics. March 2014. Age Cymru.

¹³ Source: National Dementia Vision for Wales. Alzheimer's Society and Welsh Government.

over 65, one in six people over 80 and one in three people over 95 thought to have some form of dementia¹⁴.

- There is evidence to suggest that only around 37 per cent of those suffering from dementia in Wales have received a formal diagnosis¹⁵. This compares with an estimated 46 per cent of people with dementia in the UK having a formal diagnosis¹⁶.

2.2 Visual Impairments

One of the AdvantAGE projects (the Wales Eye Patient Advocacy Service) is targeted at older people suffering from visual impairment or sight loss.

It is known that (as of March 2012) almost 16,500 people in Wales were registered with a visual impairment, of whom around half were registered as severely sight impaired and half as sight impaired. Of the 8,000 or so people on the register with severe sight impairment, nearly three quarters of these (73%) were aged 65 or older¹⁷.

2.3 Unpaid Carers

Two of the AdvantAGE projects (the Informed Choices Project and the Swansea Carers' Centre Project) engage with unpaid carers – the Swansea Carers' Centre projects works solely with unpaid carers over 50.

ONS Census Data (2011) highlighted that 13.8 per cent of the female population in Wales and 10.6 per cent of Males in Wales are unpaid carers. When looking at the population aged 50 to 64, we see that 26 per cent of females in Wales are carers and 19 per cent of men. This proportion decreases significantly in women aged 65 and over – 15 per cent of whom are carers, but stays fairly consistent amongst men over 65 – 17 per cent are carers¹⁸.

¹⁴ Ibid.

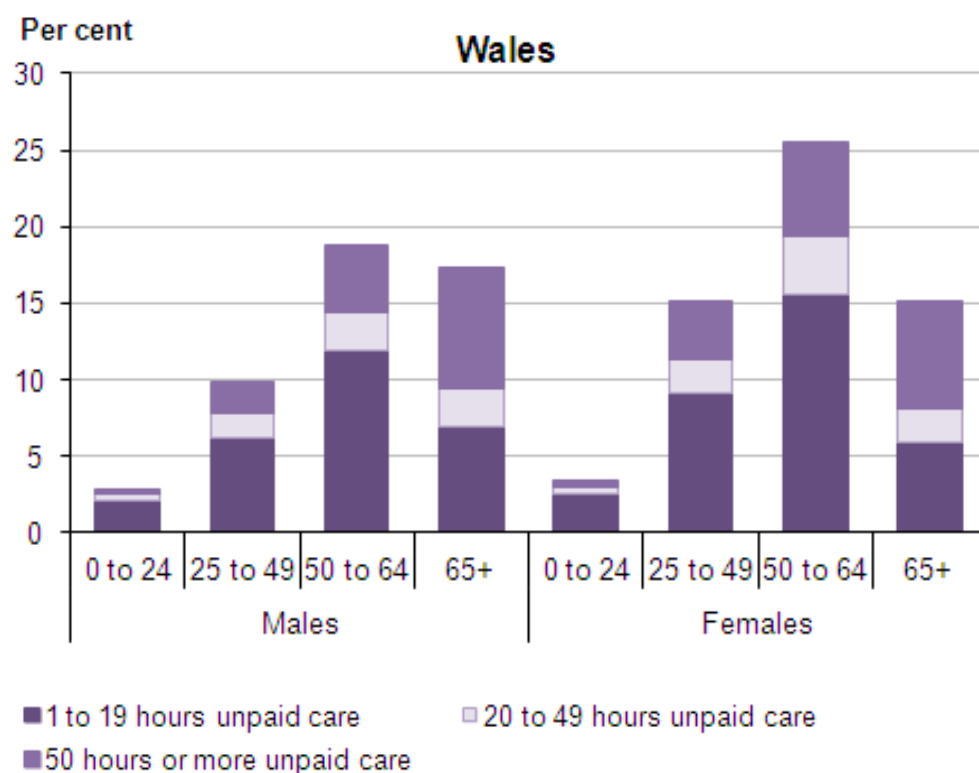
¹⁵ Sources: National Dementia Vision for Wales. Alzheimer's Society and Welsh Government and <http://www.walesonline.co.uk/news/wales-news/dementia-sufferers-wales-forced-care-2494527>

¹⁶ Older people in Wales: facts and statistics. March 2014. Age Cymru. Page 11. Based on Alzheimer's Society and Alzheimer Scotland (2012) Mapping the Dementia Gap 2011: Progress on improving diagnosis of dementia 2010 - 2011, Tesco.

¹⁷ Source: Statistics for Wales. Eye Care Statistics for Wales, 2012-2013. SDR 90/2013. 5th June 2013.

¹⁸ Source: Office for National Statistics 2011 Census data – unpaid care snapshot <http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html>

Figure 2: Unpaid Care Provision: by age and gender in Wales, 2011



Source: Census – Office for National Statistics

3 DEFINING ADVOCACY

3.1 The Practice of Advocacy

Defining advocacy is not straightforward and it can often mean different things to different people. The Joseph Rowntree Foundation (JRF) defines advocacy in the context of older people as:

‘People making a case for themselves and advancing their own interests, or representing others and supporting them to secure and exercise their rights on an individual or collective basis’¹⁹.

One of the reasons that it is complex to define advocacy is that the boundaries between providing information, advice and advocacy services can often be blurred. JRF offers the following distinction between these three forms of support:

‘Information is what you need or want to know; advice is being guided as to how to go about things; advocacy is a way of acting on that information and advice to get your due’²⁰.

JRF goes on to argue that ‘services providing information, advice and advocacy are crucially important in promoting older people’s independence’²¹.

Importantly however, and of specific relevance to the work of AWAEN, JRF also points to the fact that ‘advocacy with older people is relatively under-researched and little recognised’. It goes on to say that advocacy has a ‘hidden history of grass-roots struggles and successes that are largely recorded in ‘grey’ publications such as pamphlets, newsletters and documents with limited readerships’²².

In response to this situation, JRF identified a ‘call from older people...to move on to research that helps... overcome the barriers, identify what works, share good practice and engage older people themselves in the process’²³. They also clearly identify the need to increase efforts to ‘measure the effectiveness of advocacy with older people’²⁴ and that in a policy development context, ‘local advocacy services should seek to make a positive contribution to the national debate’²⁵.

In Wales, work undertaken for the Older People’s Commissioner in 2010 offered the following definition:

‘Advocacy generally involves people making a case for themselves and advancing their own interests, or representing others and supporting them to secure and exercise their rights on an individual or collective basis’²⁶.

Beneath this, the work for the Older People’s Commissioner identified different types of advocacy.

¹⁹ Information, advice and advocacy for older people. Defining and developing services. Dunning, A. Joseph Rowntree Foundation, 2005. Page 10.

²⁰ Ibid. Page 14. Direct quote from an older participant, Manchester.

²¹ Information, advice and advocacy for older people. Defining and developing services. Dunning, A. Joseph Rowntree Foundation, 2005. Page 1.

²² Ibid. Page 5.

²³ Ibid. Page 65.

²⁴ Ibid. Page 65.

²⁵ Ibid. Page 69.

²⁶ A Scoping Study of Advocacy with Older People in Wales for the Older People’s Commissioner for Wales. Swansea University. June 2010. Page 24.

Figure 3: Main types of advocacy

Legal advocacy - the most established and widely recognised form of advocacy which is undertaken by trained lawyers on a legal casework basis.

Public advocacy - the activities of organisations e.g. Age Cymru which campaign on behalf of a particular group of people or broad issue.

Paid or professional advocacy - the work of staff paid by their employing advocacy scheme or organisation to advocate for a number of people on an individual casework basis, usually on short term issues or “crises”.

Citizen advocacy - a one to one, long term partnership between an independent, trained and unpaid citizen advocate and a partner in need of such support, who are matched and assisted by the advocacy scheme.

Independent volunteer and crisis advocacy - undertaken by independent, trained and unpaid advocates recruited and supported by an advocacy scheme or organisation to advocate for a number of people on an individual casework basis, usually on short term issues or “crises”.

Peer advocacy - this takes place where one person advocates on behalf of another who shares a common experience, treatment or condition and is supported by an advocacy scheme or organisation.

Self advocacy - speaking up for oneself in order to represent one's own needs, wishes, and interests on an individual basis. Sometimes it might be necessary for advocacy organisations and others to provide training and support in order to enable individuals to advocate for themselves.

Collective advocacy - a wider form of self advocacy which involves groups, forums and organisations that provide their members with mutual support and development in making a common call for change in their shared interests.

Source: A Scoping Study of Advocacy with Older People in Wales.

Another point worth noting is that in Wales advocacy in the context of older people can sometimes be linked to or presumed to be linked to care and care home settings. It is important to note that advocacy for older people is not and should not be seen as something exclusively restricted to older people in care settings.

3.2 Non-Instructed Advocacy

In the context of the AdvantAGE advocacy projects it is also worth noting that the clients supported by some projects are effectively unable to instruct or consent to advocacy because they cannot communicate in a meaningful way, or in some instances (for example due to Alzheimer's or dementia) may not have the mental capacity to understand. The Dementia Advocacy Network states that both the Advocacy Charter and its Quality Standards and the Mental Capacity Act 2005 make it clear that people in this situation have a right and a need to be represented so that their wishes, views, values and beliefs are taken into account when issues concerning their lives, treatment and care are considered.

As such, Action for Advocacy offers the following definition of **non-instructed advocacy**:

‘Non-instructed advocacy is taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-

instructed advocate seeks to uphold the person's rights, ensure fair and equal treatment and access to services, and make certain that decisions are taken with due consideration for their unique preferences and perspectives'.

3.3 Advocacy in the context of safeguarding vulnerable adults

Advocacy also plays an important role in the context of vulnerable adults who are at risk of some form of abuse. Three of the AdvantaGE advocacy projects have focused on this area i.e. the South West Wales, South East Wales and North Wales safeguarding projects.

A Scoping Study on Advocacy prepared for the Older People's Commissioner in Wales highlighted that 'there is very little research specifically exploring advocacy and the abuse of older people' but that advocacy can 'play an important part in the prevention of and protection from abuse'²⁷.

This work refers to a report by the Healthcare Inspectorate for Wales (HIW) on Safeguarding and Protecting Vulnerable Adults which found that 'one of the most important aspects of safeguarding is ensuring that those who are vulnerable are given a voice'²⁸.

²⁷ Ibid. Page 92.

²⁸ Ibid. Page 96. The reference relates to 'Safeguarding and Protecting Vulnerable Adults in Wales: A review of the arrangements in place across the Welsh National Health Service'. March 2010. Healthcare Inspectorate Wales.

4 POLICY AND EVIDENCE BASE

In this section, we review some of the key policy, strategy and research documents of relevance to AdvantAGE advocacy projects.

4.1 The Strategy for Older People in Wales 2013-2023

Published in May 2013, the Strategy for Older People in Wales (2013-2023) sets out a vision that 'people in Wales feel valued and supported whatever their age' and that 'all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face'²⁹.

Referred to as the 'third phase' of the strategy for older people in Wales, this document sets out the challenges for Welsh Government for the next 10 years as being to:

- 'Create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued.
- Develop communities that are age-friendly while ensuring older people have the resources they need to live.
- Ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation'³⁰.

In terms of the provision of information and advice and specifically advocacy, the strategy sets out that:

- 'Older people should 'have access to information and advice about services and opportunities' and that information should be available 'in the right format, in the right place and at the right time'³¹.
- Older people who need it have access to independent advocacy'³².

In terms of monitoring progress against this, the strategy states that one mechanism will be to consider and quantify the 'number of advocacy services and independent advocates (via Advocacy Counts, Age Cymru)'.

4.2 A Scoping Study of Advocacy with Older People in Wales

This report³³ was published by the Older People's Commissioner for Wales³⁴ in June 2010. The aim of the study was to 'inform the work of the Older People's Commissioner for Wales by identifying the current context and what is in place at present - including gaps and weaknesses as well as strengths and good practice examples - and what the best opportunities are to make progress in particular areas'³⁵.

Some of the key findings set out in the scoping study included that:

- There is a lack of specialist advocacy schemes for specific issues such as dementia, physical and sensory impairment; generic advocacy schemes for older people who

²⁹ The Strategy for Older People in Wales 2013-2023. Page ii.

³⁰ Ibid. Page 1.

³¹ Ibid. Page 9.

³² Ibid. Page 9.

³³ A Scoping Study of Advocacy with Older People in Wales. Commissioned by the Older People's Commissioner for Wales and undertaken by Swansea University. June 2010.

³⁴ The Commissioner at the time was Ruth Marks.

³⁵ Ibid. Page 4.

are not eligible for statutory services; and peer advocacy projects run by and for older people in Wales.

- There are a number of issues of concern which pertain to advocacy provision more widely. They include challenges with regard to advocacy principles, scope, strategy, funding, capacity and training.
- Advocacy is a means of operationalising or putting into practice the citizenship of older people.
- Older people are doubly disadvantaged as there is no comprehensive national advocacy strategy to include them and no stand-alone national strategy for advocacy for older people (in contrast with children and young people and other groups).
- AdvantAGE, the Big Lottery Fund Cymru programme provides a generous and unprecedented funding opportunity for the development of advocacy with older people in Wales. However, there are concerns that the initiative should not become a substitute for a substantive advocacy strategy or funding from statutory sources.
- Advocacy schemes are variously monitored and reviewed using frameworks they themselves put in place, by their host organisations or by funders and commissioners.
- Advocacy schemes can be evaluated in a variety of ways, including the Action for Advocacy Quality Performance Mark, evaluative research by academics and consultants, as well as user engagement and feedback initiatives.
- In the evaluation of advocacy, it is important to maintain core principles, to consider process as well as outcomes and to avoid overly simplistic or mechanistic measures of results.
- Advocacy with older people is an under-researched subject. The Older People's Commissioner for Wales might wish to consider the need to undertake further conceptual, empirical and evaluative studies.

4.3 Voice, Choice and Control

'Voice, Choice and Control'³⁶ is a report carried out by the Older People's Commissioner and outlines recommendations relating to the provision of independent advocacy in Wales. It highlights a number of conclusions of potential relevance to the work of AdvantAGE advocacy projects, including:

- Independent advocacy is 'not consistently understood by residents, relatives, care home managers and care home staff' and that 'a narrow view has emerged which sees it [i.e. advocacy] as synonymous with safeguarding, dispute resolution and complaints'. Moreover, it was found that 'there is a notable lack of awareness amongst residents in relation to the availability of advocacy and, in particular, how and in what circumstances they might access it'³⁷.
- Independent advocacy is particularly important in certain circumstances of vulnerability, including older people's entry into care homes, or when facing major decisions and changes to their lives...³⁸.
- A 'lack of independent advocacy can result in some older people withdrawing socially and emotionally' and that 'compliance can be misinterpreted as positive acceptance when actually it represents resignation to a situation over which the older person has no control'³⁹.

³⁶ Voice, Choice, Control. Recommendations relating to the provision of independent advocacy in Wales. The Older People's Commissioner for Wales. September 2012.

³⁷ Ibid. Page 49.

³⁸ Ibid. Page 49.

³⁹ Ibid. Page 50.

- There is currently 'no coherent and consistent approach to assessing need and planning for advocacy provision and funding'⁴⁰.

4.4 Advocacy Counts 4

'Advocacy Counts 4' is the fourth report in a series on advocacy provision for older people in Wales⁴¹. Published in August 2013, the report states that there are 23 advocacy services for older people in Wales – only one more than was reported under Advocacy Counts 3 in 2011.

Figure 4: Number of funded advocacy services

	Advocacy Counts (2007)	Advocacy Counts 2 (2008)	Advocacy Counts 3 (2011)	Advocacy Counts 4 (2013)
Total number of respondents	45	28	20	22
Number of services funded for older people	23	19	22	23

Source: Advocacy Counts 4. Age Cymru

In contrast, Advocacy Counts 4 shows that the number of advocates (both paid and volunteers) in Wales increased more substantially in the period since AdvantAGE funding became active.

Figure 5: Number of paid and volunteer advocates

	Advocacy Counts (2007)	Advocacy Counts 2 (2008)	Advocacy Counts 3 (2011)	Advocacy Counts 4 (2013)
Number of paid advocates	Not collected	19	39	71
Number of volunteer advocates	Not collected	22	30	53
Total: advocates both paid and volunteer	Not collected	41	69	124

Source: Advocacy Counts 4. Age Cymru

Overall, this shows a 67 per cent increase in the total number of advocates between 2008 and 2013, yet only an increase of one funded advocacy service for older people.

Advocacy Counts 4 acknowledges the positive impact of AdvantAGE funding and its projects on the capacity and capability within the Welsh advocacy sector:

'Our research indicates that the number of paid and volunteer advocates has increased significantly between 2010 and 2012. The Big Lottery's AdvantAGE funding programme has had a significant beneficial impact on the availability of independent advocates in Wales. The projects it has funded have enabled advocates to support more older people with specific

⁴⁰ Ibid. Page 50.

⁴¹ Advocacy Counts 4. The fourth report on advocacy provision for older people in Wales. Age Cymru. August 2013.

needs like dementia, housing issues and disabilities. Across Wales advocacy services are provided in hospitals, care homes and the community'⁴².

The Advocacy Counts 4 report went on to say that:

'This evidence shows that a greater range and diversity of older people is now able to access advocacy services. As a natural consequence of short term funding, some services existing prior to the AdvantAGE funding ended at a similar time as new projects have been established. Regional partnerships have meant a centralisation to larger partnerships between services, often with less managers and more advocates, and fewer small projects'.

This shows that while they generated a net increase in the number of advocates, the AdvantAGE advocacy projects have meant that the number of services has remained broadly static as a result of other services having been withdrawn.

Advocacy Counts 4 reaches a number of conclusions, including that:

- 'There is a positive indication that the number of advocates has risen year on year both in a paid and voluntary capacity.
- The geographical spread of services has now covered the majority of Wales, with Ceredigion being the only county that does not have some funded advocacy service specifically for older people.
- Service specifications vary from county to county. Some areas have a good range of advocacy services like Powys, Flintshire, Conwy and Denbighshire while others provide more limited services for older people.
- AdvantAGE has significantly improved the number of advocates in Wales and has increased the range of services available, but the funding is for a limited period of time. The funding stream has invested in evaluating the new services and important lessons will emerge from this as to how best to ensure the longevity of services in the future.
- Without advocacy, older people and other vulnerable groups are at risk of being marginalised, discriminated against, abused and isolated without a voice or support to challenge and make choices'⁴³.

4.5 Older People's Commissioner – Framework for Action (2013-2017)

In May 2013, the Older People's Commissioner for Wales published a Framework for Action which sets out her priorities for the next four years as well as key changes and improvements needed in Wales in the context of older people.

The Framework sets out a 'quality of life model' which is underpinned by a set of values that are important to older people, namely that they:

- Feel safe and are listened to, valued and respected.
- Are able to get the help they need, when they need it, in the way they want it.
- Live in a place which suits them and their lives.
- Are able to do the things that matter to them.

The framework also states that 'Older people are also very clear that they want to have a strong voice and meaningful control over their lives, particularly in how they are supported and cared for. The extent to which they do has a direct impact on their quality of life and, in many cases, both increases the impact of services and reduces the cost of those services to the public purse'.

⁴² Ibid.

⁴³ Ibid.

This emphasis on older people having choice and control over their lives and the implications of this in terms of the responsiveness and fitness for purpose of public services is highly relevant in the context of AdvantAGE advocacy projects.

Figure 6: The Quality of Life Model



Source: Older People's Commissioner for Wales. Framework For Action. Page 2.

4.6 National Assembly for Wales Health and Social Care Committee Report

The National Assembly for Wales' Health and Social Care Committee published a report of its inquiry into residential care services for older people in Wales in December 2012.

The committee found that there is a need for better support, information and guidance and noted that 'there is a lack of information, advice and advocacy available to people and their families during the process of choosing and entering residential care. The process is not clearly explained and, in many cases, there is a lack of support and assistance in making decisions about care options and choosing the right residential or nursing home'⁴⁴.

It is also notable, in the context of concerns that the emphasis on advocacy had been reduced in the Social Services (Wales) Bill, the committee's report states that 'giving evidence to the Committee, the Deputy Minister'⁴⁵ assured Members that matters relating to advocacy will be taken up in the forthcoming Social Services Bill:

"The Bill commits us to developing a business case for advocacy. It is important, and we need to be absolutely clear about advocacy information, assistance and everything else

⁴⁴ Ibid. Page 25. Quote from Angela Roberts, Vice Chair of Age Alliance.

⁴⁵ Gwenda Thomas AM.

across the board. There are excellent examples of advocacy being provided, but it is patchy and I am not happy with it”⁴⁶.

The report goes on to say that ‘that the sector needs to be more responsive to advocacy and that more should be done to facilitate the work of those with an advocacy role. We nevertheless believe that all professionals in existing services – not advocates alone – should ensure that the views of older people, their families and carers are being heard at this critical and often traumatic time’⁴⁶.

Key recommendation 1 of the Committee’s report is that:

‘The Welsh Government should take action to ensure that older people in Wales have access to effective advocacy. We believe that this is particularly important for those older people who are:

- In hospital and likely to require on-going social care; or
- Residing in a care home that is at risk of closure’.

4.7 The Welsh Government’s response to the HSC Committee’s report

In February 2013, the Welsh Government published a written response to the Health and Social Care Committee’s report⁴⁷. In its response, the Welsh Government signalled its intention to accept the committee’s recommendation in respect of advocacy (recommendation 1 highlighted above).

Specifically, it stated that:

‘Sustainable Social Services for Wales: A Framework for Action gave a commitment to develop a business case for extending and formalising of advocacy provision specifically for older people. There have been a number of reports by Age Cymru, and most recently by the Commissioner for Older People, that have looked at advocacy provision for older people in Wales.

The opportunity to develop such a service will be informed by the outcome of other aligned ambitions within Sustainable Social Services, including issues such as availability of advice and information and the threshold national criteria that are set for assessment of need and access to social care support.

Sustainable Social Services and the Social Services and Well-being (Wales) Bill both herald reforms to give service users greater voice and control over the services they receive.

Extending access to advocacy is one of a number of important ways of achieving that objective and will build upon our model for advocacy for children and young people⁴⁸.

The Welsh Government’s response also stated that in relation to financial implications:

‘The Bill is about increasing the quality and effectiveness of social services in Wales and is not expected to increase costs for service provision. It is not about doing the same things differently; but about doing different things if we are to provide services which are sustainable in the long term’.

⁴⁶ Ibid. Page 30.

⁴⁷ Written response by the Welsh Government to the Report of the Health and Social Care Committee entitled – Residential Care for Older People in Wales. February 2013.

⁴⁸ Ibid. Page 3.

4.8 Social Services and Well-being (Wales) Act 2014

During the course of the past few years, the AWAEN network has closely monitored (and indeed contributed to the debate) about the extent to which advocacy was referred to within the Sustainable Social Services for Wales White Paper.

There were significant concerns (both amongst AdvantAGE projects and other stakeholders in Wales) that commitments in relation to advocacy in the White Paper had not been carried forward into the Bill. In light of representations made to the Welsh Government the Deputy Minister for Social Services, Gwenda Thomas AM made a written statement (in June 2013) relating to the Social Services and Well-being (Wales) Bill with specific reference to the statutory framework for advocacy which read:

‘I have carefully considered the evidence and I am persuaded by these representations and am pleased to announce today my intention to bring forward government amendments to the Social Services and Well-being (Wales) Bill to further extend provision for statutory advocacy. In particular, I intend to include provisions;

- For regulations to place duties on local authorities to make advocacy available in prescribed circumstances for example, people with complex needs who may not have the capability or wider family or community networks to advocate on their behalf in decisions about their care;
- For regulations to require that independent advocacy is provided to people when the local authority is investigating a concern of risk or abuse;
- Requiring local authorities to promote and inform people of their right to advocacy, including self-funders; and
- Requiring registered care home providers to inform people in their care about the availability of advocacy services by the local authority⁴⁹.

In response to this statement, the Older People’s Commissioner said that:

‘As the Older People’s Commissioner for Wales I have been very clear that a right to advocacy for those who need it must be one of the outcomes of the Social Services Well-being (Wales) Bill’.

‘I therefore strongly welcome yesterday’s statement by the Deputy Minister that Welsh Government will be bringing forward an amendment that would enable this to happen’⁵⁰.

The Social Services and Well-being (Wales) Act received Royal Assent and became law on 1st May 2014.

Chapter 3 of the Social Services and Well-being (Wales) Act 2014 is entitled ‘Advocacy Services’.

⁴⁹ Statement by Gwenda Thomas AM. June 2013.

⁵⁰ Source: http://www.olderpeoplewales.com/en/news/news/13-06-13/Response_to_Deputy_Minister_s_statement_on_Social_Services_and_Well-being_Wales_Bill_%E2%80%93_Statutory_Framework_for_Advocacy.aspx

Figure 7: Section 181, Chapter 3 of the Social Services and Well-being (Wales) Act

- Regulations may require a local authority to arrange for advocacy services to be made available to people with needs for care and support (whether or not those needs are being met by a local authority); this is subject to section 182.
- “Advocacy services” are services which provide assistance (by way of representation or otherwise) to persons for purposes relating to their care and support.
- The regulations may specify—
 - the persons, or description of persons, to whom advocacy services are to be made available;
 - the circumstances in which advocacy services are to be made available;
 - the persons, or description of persons, by whom advocacy services may, or may not, be provided.
- The regulations must require a local authority to give publicity to its arrangements for making advocacy services available.

Source: Social Services and Well-being (Wales) Act. Chapter 3, Page 129.

It should be noted however that Section 182 of the Act sets out a series of complex restrictions to Section 181 which ‘may not require’ advocacy services to be made available to a person⁵¹.

It should also be noted that Section 183 of the Act requires care homes in Wales to ‘make arrangements to bring to the attention of persons accommodated in the home the advocacy services which are available’⁵².

The Act itself is underpinned by regulations, codes of practice and statutory guidance which the Welsh Government is consulting on before the Act is implemented in April 2016. However, until these regulations are agreed, there is some uncertainty about how exactly the provisions made in Section 181 of the Act will be implemented.

4.9 Interim Continuation Arrangements – AdvantAGE

During 2014, the Older People’s Commissioner was vocal in her concerns that the gap between AdvantAGE programme funding coming to an end and the Social Services (Wales) Act coming into force in 2016 could potentially be damaging to the advocacy sector in Wales.

In October 2014, the Commissioner wrote to the advocacy projects to inform them that:

‘I am continuing to champion advocacy services in Wales at every opportunity at a strategic, legislative and operational level. In very practical terms, I have been working very closely with Welsh Government officials and senior officials within the Big Lottery Fund to explore urgent transition plans, to ensure that our excellent advocacy base in Wales is not lost. I will, of course, continue to keep you updated on my progress in this area’⁵³.

In response to these representations, the Big Lottery Fund’s Wales Committee considered a report on AdvantAGE advocacy projects in December 2014. The report highlighted that:

⁵¹ Social Services and Well-being (Wales) Act. Chapter 3, Page 129.

⁵² Ibid.

⁵³ Source: Letter from Older People’s Commissioner for Wales. 10th October 2014.

'Whilst the AdvantAGE advocacy projects are delighted that advocacy is now included in the Social Services and Wellbeing (Wales) Act, they are frustrated by the current lack of clarity and associated timescales outlining what will become a statutory requirement. If the projects complete within their current timescales, it is likely that for some beneficiaries and projects, there will be a gap in advocacy provision between the closure of the three year AdvantAGE projects and the provision of services as determined by the 'Regulations'. It could also lead to a loss of skills and experience built up over the last 3 years. This situation and discussions with the projects and The Older Peoples Commissioner has prompted the Fund to consider the possibility of extending funding to the affected AdvantAGE advocacy projects until April 2016...⁵⁴.

In response, the Fund's Wales Committee agreed to extend a number of advocacy projects at a reduced rate to April 2016.

⁵⁴ Big Lottery Fund. Wales Committee Report 'AdvantAGE advocacy projects'. 16 December 2014.

5 LESSONS LEARNED

5.1 The AdvantAGE projects and advocacy in Wales

In total, the combined budgets of the nine advocacy projects amount to some £6 million, which represents around 30% of the total funds committed to the AdvantAGE programme by the Big Lottery Fund in Wales. The average project budget is £663,788.

In terms of staff and volunteer resources:

- 22 full time staff have been recruited by the nine advocacy projects.
- 31 part time staff have been recruited by the nine advocacy projects.
- Between them, the nine advocacy projects have recruited 106 volunteers.

This shows that in the context of the information presented in Advocacy Counts 4, the 53 paid advocates (full and part-time) funded via AdvantAGE represent 75 per cent of all paid advocates in Wales.

Taken at face value, it also suggests that the 53 volunteer advocates reported to have been in place in 2013 in Advocacy Counts 4 may be somewhat conservative given that between them, the AdvantAGE projects have recruited 106 volunteers.

However, it should be noted that not all 106 of these volunteers will have been fulfilling advocacy roles or would have been active at the same time. Indeed, during the course of its meetings, a key learning point identified by AWAEN members has been that it is not always appropriate to use volunteers for advocacy services, particularly where individual circumstances may be sensitive or where there may be evidence of abuse leading to protection of vulnerable adults (POVA) cases. As such, project managers have reported deploying volunteer capacity in different ways e.g. to help engage older people and with practical project delivery support.

A key learning point in this respect is that recruiting and using volunteers should not be seen by policy makers or funders as an easy or low-cost alternative to professional advocates.

It also needs to be noted that (as with many funded projects in the third sector) volunteers may only have been available to work on a specific project for a certain period of time. This means that the estimate of 106 volunteers is highly likely to fluctuate with the constant 'churn' of volunteers involved in AdvantAGE advocacy projects.

Compared to the baseline position reported in Advocacy Counts 2, it is clear that the Fund's investment in AdvantAGE advocacy projects has had a substantial effect on the number of paid advocates in Wales. This also highlights the current dependency of the advocacy base in Wales on Big Lottery Funding via AdvantAGE.

In terms of spatial coverage, four of the projects operate at a single county level, three operate on a sub-regional level (i.e. multiple local authority areas) and two are all-Wales projects.

Annex 1 provides a more detailed overview of each of the nine advocacy projects.

5.2 Intended Outcomes

Next, we provide a summary of the intended outcomes of the nine advocacy projects.

The information provided by the nine projects on their intended outcomes shows that (in-line with the stated outcomes for the AdvantAGE programme) there has been a clear emphasis on:

- Increasing the confidence and emotional resilience of older people.
- Improving understanding of rights and options and crucially, for older people to have higher levels of control over key decisions and choices.

Of the nine funded advocacy projects:

- Six are targeting their interventions around specific issues or challenges:
 - In the case of Voice and Choice, the intervention is focused on older people with dementia,
 - the Wales Eye Patient project targets older people at risk of sight loss,
 - the Shelter Cymru project targets older people facing a housing issue,
 - the Informed Choices project aims to support older people facing the transition into care,
 - the 50+ Autonomy Advocacy Project provides advocacy specifically for people with mental health issues,
 - and the Swansea Carers Centre project supports carers in particular.
- The other three projects are somewhat less issue specific with the South West, South East and North Wales Safeguarding projects targeting older people more generally, albeit in the case of the North Wales project there is an emphasis on vulnerable older people.

It should also be noted that the type of advocacy services provided has varied quite considerably across the nine projects ranging from the provision of information and advice through to complex and sensitive protection of vulnerable adults (POVA) cases.

Between them, the nine projects were aiming to work with a combined total of **11,030 older people**. To put this into context, it represents 1.8% of the population aged 65 or over in Wales⁵⁵.

Annex 2 provides more detailed information on each project's outcomes.

5.3 The Evidence Base

Annex 3 provides a more detailed overview of the monitoring information and evaluation evidence each AdvantAGE advocacy project supplied for meta-analysis.

During the course of AWAEN's work over the past two years, it became apparent that AdvantAGE advocacy projects have gone about monitoring and evaluating their work in different ways. Some have commissioned independent external evaluators, while others have self-evaluated. Methodologies used to collate and analyse monitoring information have also varied.

Naturally, these different approaches have made the process of meta-analysis more challenging and these limitations need to be borne in mind in analysing the findings set out in this paper.

⁵⁵ Source: ONS estimates the population of people over 65 years of age in Wales to be 600,630 (2013).

A key learning point to emerge from the AWAEN experience is that there may be an opportunity for the Fund to 'design in' more specific and consistent approaches to project level monitoring and evaluation requirements of future programmes of this nature. Applicants could then be supported with advice and guidance (without being overly prescriptive) as part of the application process which would strengthen their ability to collaborate in analysing evaluation evidence and bring greater influence to bear via joint dissemination activities.

5.4 Performance - How much has been done?

In this section, we analyse the performance of AdvantAGE advocacy projects in terms of how much has been done i.e. the number of older people engaged.

Annex 4 provides a detailed breakdown of the monitoring information that underpins the meta-analysis in this section.

This shows that a total of **12,459 beneficiaries** have been supported by AdvantAGE advocacy projects (2 per cent of the estimated population of Wales over the age of 65). This is a cumulative figure based on monitoring information provided by projects up to January 2015.

This represents an achievement of 113 per cent against the original combined target of 11,030 beneficiaries.

Beneath this headline figure of the number of beneficiaries supported, there are a number of key findings to note in terms of 'how much' has been done. These include that:

- One of the projects, the Wales Eye Patient Service delivered by the RNIB accounts for more than half of the total number of beneficiaries supported at 6,730 or 54 per cent. While a proportion of the beneficiaries recorded by this project received in-depth support from an Eye Clinic Liaison Officer (ECLO), others received a 'lighter touch' service such as an information leaflet and an advisory conversation after an eye clinic appointment.
- Detailed monitoring information supplied by the three safeguarding projects in South East, South West and North Wales shows that the majority of referred beneficiaries for these projects are aged between 50 and 79.
- Eight of the projects supplied data regarding the gender profile of supported beneficiaries. In each of these cases, projects had supported a higher proportion of women than men. This has been a consistent pattern throughout.
- The advocacy projects have helped clients make their voices heard on a relatively wide range of practical issues with financial matters and accessing specific services (e.g. care packages) being the most commonly cited topics.

Taken in the context of the original £6m budget for the advocacy strand of AdvantAGE, the average unit cost is £482 per supported beneficiary.

5.5 Performance - How well has it been done?

Six of the nine advocacy projects provided evaluation evidence on how well their projects were being received by beneficiaries. The evidence is contained in Annex 5.

For the six projects that supplied evidence, feedback from their evaluation activity with beneficiaries shows that overall:

- Satisfaction with AdvantAGE funded advocates and the quality of services provided by them has been very positive.
- The skills, knowledge and capability of advocates have been very highly rated.

- Advocates have treated beneficiaries with respect and dignity.

Where there is (limited) evidence that satisfaction levels from a beneficiary perspective have been lower, the evidence shows that this tends to be linked with an unsatisfactory outcome for the older person concerned such as finding out that they are not entitled to any additional welfare support.

‘The Advocate responded to my queries promptly and knowledgeably, enabling me to feel much more secure and confident about my situation’. (Project Beneficiary)

‘I have been supported by the project team so well, I am so grateful. I have been included in everything, with bigger print given to me to help with my disability, something that has not happened in other projects’. (Project Volunteer)

‘I have nothing but praise for it’. (Project Beneficiary)

5.6 Effect - What difference has been made?

Beneficiaries

Six of the nine advocacy projects provided evaluation evidence on the effects and outcomes of their work on supported beneficiaries. The detailed evidence is contained in Annex 6.

These six projects used slightly different research and evaluation methodologies to gather their evidence. Two projects used longitudinal research approaches to re-interview beneficiaries at different points during and after the support they received.

There are a number of general themes that emerge from the evidence provided by these six projects work, which include evidence that as a result of being supported by an AdvantAGE advocate, beneficiaries:

- Report improvements in their quality of life.
- Feel more informed about their options and what help is available to them.
- Feel more independent.
- Feel more in control of their lives.
- Are more informed, better understand and are able to exercise their rights more effectively.
- Feel more positive and confident.
- Feel less worried.
- Are being treated with more dignity.
- Feel that they are being listened to when they speak up for themselves.

‘It’s nice to have someone there who can give emotional and practical support when it feels like the rest of the world is against you’. (Project Beneficiary)

‘We were very grateful for (advocate’s) help because she gave my husband backing when he went into a meeting. (The) professional people hadn’t given him the knowledge required to make a decision about his mother. With the help from an advocate he had the confidence because she knew what was required. He spoke with her before he went into the meeting and he was more confident. He knew more of what he was talking about and he knew more about his rights’. (Project Beneficiary)

‘Older people need help from those who are impartial who are able to look after their interests especially when they haven’t got anybody. It would be terrible if this service

did not exist. I don't know what I would have done without them. There's very limited services available to people in my predicament. If it wasn't for them, the only other advocacy I could have sought out was through Social Services (which is) a conflict of interests. This is independent and that's what's important'. (Project Beneficiary)

Other Professionals and Service Providers

Two of the projects provided qualitative evidence in relation to how other professionals and service providers viewed the effects of their work. While the extent of this evidence is quite limited and cannot therefore be generalised across all nine projects, some of the emerging themes include that:

- Professionals feel the advocacy service provided by one project (Swansea Carers Centre) has led to a range of positive outcomes for beneficiaries, in particular in relation to empowerment, increased confidence and better communication of their requirements.
- Practitioners feel that the services provided by another AdvantAGE project (The Wales Eye Patient Advocacy Service) has led to an increase in the efficiency of their own clinical staff.

'The outreach has been excellent as 50+ mobility is not so good, especially in rural areas. This project has been fantastic in getting advice to those people. It has been so helpful referring these people to the Project Adviser rather than struggling myself'. (Service Provider)

5.7 Qualitative Evidence – What difference has been made?

Three of the AdvantAGE advocacy projects prepared a number of qualitative case studies to highlight the outcomes of their work. These are centred on the experiences of supported beneficiaries.

Case Study Evidence. Example 1:

Joan's Diary

18th August

I am unsure what to do. Today, I received news that my husband, Thomas, is fit to be discharged from hospital. I don't think I can cope if he comes home. For years, I have put up with his abuse and, more recently, his declining health but I no longer feel I am able to deal with it. The people at the hospital think Thomas should go into a care home but he's adamant he wants to come home.

Staying with my dear friend, Margaret, has been a great help to me. I am scared of going back home, of having Thomas at home, of dealing with the stress of looking after him and being subjected to his insults.

23rd August

The Carers Centre have put me in touch with an advocate called Claire from Age Concern. She rang Margaret's house today. I didn't feel confident enough to speak to her, so Margaret spoke on my behalf. I told her to tell Claire I want her help.

25th August

Claire visited today. She was very friendly and put me at ease. I told her that I had contacted a care home who are willing to assess Thomas. Claire agreed to make some enquiries with the hospital and speak on my behalf. I broke into tears. I couldn't help myself as it's such a relief to have someone helping me.

Although this is for the best, I feel guilty about sending Thomas to a home. I don't know if he'll be able to cope by himself and I feel, as his wife, I should be looking after him, I just no longer can.

7th September

Claire telephoned today. She contacted the hospital and was told Thomas had been abusive towards staff. She also told me there had been a meeting discussing discharge arrangements for Thomas. Claire had told them of my wishes and Thomas had realised he would not be able to cope at home alone.

20th September

Thomas has been accepted into a care home! I'm so relieved. I have my life back and can see my friends whenever I like. Margaret and I have plans to go to the theatre next week.

2nd November

Thomas is back in hospital with a chest infection but this is not the worst news. Before he was taken to hospital, he was abusive towards staff at the care home and even assaulted a carer – now they're saying they can't take him back when he is discharged. I thought this was all behind me. I've made a decision, I am going to visit Thomas and tell him how I feel. I am very scared as I've never had the courage to stand up to him before.

6th November

Claire and I visited Thomas in the hospital. It was such a relief when Claire said she could come with me. It made me feel strong enough to confront him. I told Thomas I could no longer live the way I had. It was very emotional and I got a lot of things off my chest. Finally, he agreed a new care home should be found. Claire called some care homes for me and explained the situation. One home agreed to take Thomas on a trial basis. This is such good news. Now I have told Thomas how I feel, hopefully he will make more of an effort at this home. I am so grateful to Claire.

Case Study Evidence. Example 2:

Background

The client is in his 50's and lives in rented accommodation with his children aged 11 and 8 years old. He was bereaved through suicide in 2012 and has since been unable to carry on with his job as a long distance lorry driver because it took him away from home on a weekly basis. He was dealing with depression and acute anxiety, and had withdrawn from social contact. He was living on a very low income due to delays in processing his benefit claim for Employment Support Allowance (ESA). The client had been mainly surviving on toast so that his children had enough to eat. He was fearful of anything happening to his children if he was not close by at all times and was concerned about their mental wellbeing given the circumstances in which they lost their mother. He had deep concerns about losing his home due to rent arrears. Unknown to the client, his deceased partner had not been paying the rent on a regular basis – she had asked the landlord not to disclose this but it came to light after her death when the client found a carrier bag full of unpaid bills. His rent was now covered by Housing Benefit.

The client had asked for help from other sources and had support from another organisation to submit a claim for Employment Support Allowance (ESA) but his claim had been refused. He had been told to apply for Job Seekers Allowance but he knew he could not cope with seeking work or holding down a job and his GP agreed with this and was supportive of the client. However, the client felt he was very much alone in dealing these issues. He felt trapped in a situation of extremely low income and rent arrears and could not see a way out. He felt he could not afford to provide any joy in his children's lives and felt guilty that he didn't even feel able to go with them to the local park.

The advocate explored multiple options and choices with the client who then requested advocacy support with the following:

- Appealing against the refusal to award ESA.
- Dealing with form filling, letter writing and phone calls regarding benefits, and understanding associated paperwork as, being dyslexic, he found this difficult.
- Information about dealing with debt.
- Planning positive steps that he could take to change his situation and outlook on life for the better.
- Accessing the local food bank.
- Obtaining help from a Disability Advisor at the Jobcentre.
- Applying for funding to take his children on holiday.

Advocacy Support Provided

The support provided by the advocate included:

- Contacting the ESA benefit office. Mandatory reconsideration was requested due to the client's worsening medical condition. The advocate suggested that the client

should speak to his GP to get firmer medical evidence to support his claim and to talk further about his depression and concerns for his children.

- Helping the client with completing further claim forms and submitting the necessary supporting documents. The advocate requested speedy processing of the claim but after several months of delay, the advocate suggested the client contact his MP to request pressure from this source.
- Registering the client with the food bank. It was necessary to request that additional vouchers could be issued due to the delay in his benefit claim being processed.
- Information was provided about dealing with rent arrears viz: Discretionary Housing Payments, CAB debt advice and information about Step Change.
- Supporting the client to ask for more assistance from the Jobcentre in terms of up-skilling as he now wished to improve his literacy skills.

Outcome

The outcomes from the work included that:

- The client was awarded ESA.
- The client's GP referred him for counselling sessions with a CPN (Community Psychiatric Nurse) which he has attended.
- The CPN made a referral to Children's Services to request an assessment of the needs of the client's children with a view to providing family support although there were no child protection concerns.
- The client began self-advocating. He contacted his MP to request support with his ESA claim. He also went to the Jobcentre to request help and he has been signed up for a Basic Literacy course with a local training provider.
- The client was issued with food vouchers until his ESA was awarded so the family had enough to eat.
- The client was provided with a small amount of funding via a charitable benevolent fund to help pay for a short break for him and his children.
- The client is more aware of various sources of information and advice and how to access these.
- The client has increased his level of contact with other family members and friends.
- The client's outlook on life is more positive and he plans to undertake training and prepare himself for going back to work.

6 CONCLUSIONS

6.1 Policy

The policy context in Wales rightly continues to reflect the priorities and challenges of an ageing population and the need to provide high quality advocacy services. The debate around the Social Services and Well-being (Wales) Act has highlighted the strength of feeling and value attached to advocacy services resulting in its inclusion in Chapter 3 of the Act itself.

However, the inclusion of advocacy in the Act does not guarantee that high quality advocacy services will be available for older people in Wales and there is considerable uncertainty about the extent to which advocacy services can and will be mainstreamed by local authorities not least given on-going austerity pressures.

The Big Lottery Fund's decision to extend AdvantAGE funding to advocacy projects through to April 2016 provides some continuity until further guidance on how the Act will be implemented is published and agreed.

6.2 Capacity and the Advocacy Base in Wales

The evidence in this paper clearly demonstrates that the Big Lottery Fund's £6m investment via the AdvantAGE programme has led to a substantial, positive effect on the size, nature and capability of the professional and voluntary advocacy base in Wales.

On the one hand, this is an extremely positive outcome but on the other it highlights just how dependent and therefore fragile the advocacy sector in Wales is on AdvantAGE funding.

6.3 Approaches to Monitoring and Evaluation

AWAEN's work over the past two and a half years has highlighted the fact that each of the advocacy projects has adopted slightly different approaches to the way they go about monitoring and evaluating what they do. This is not necessarily problematic, though it does make meta-analysis at a programme level somewhat more challenging. A key learning point to emerge from this work is that it makes sense for the Big Lottery Fund to be more specific in recommending consistent approaches to gathering information and evidence at the outset of programmes like AdvantAGE.

This clearly needs to be carefully balanced with the Fund's laudable aims of not wishing to become overly prescriptive in its approach and to remain an outcomes based funder. In this context, introducing more specific guidance via self-evaluation support at an earlier stage would benefit the comparability and robustness of project level monitoring information and evaluation evidence.

Another key learning point is that most of the advocacy projects have been active in collecting monitoring information about how much they have done. However, the evidence base on how well advocacy services have been received and what difference they have made could be strengthened and should be prioritised by the projects that are continuing through to April 2016. In particular, gathering the views of other service providers in terms of the effect of advocacy on the work they do should be an important consideration.

The fact that the advocacy projects came together to establish AWAEN and utilised the self-evaluation support provider's resources in the way that they have has been particularly innovative and valuable. This has enabled the projects to share the learning from their work in a formative way (i.e. during implementation) rather than waiting until the end of the funding to do so. This has undoubtedly enabled the projects to fulfil the fourth outcome of AdvantAGE i.e. to demonstrate the impact and promote the development of advocacy

services. Working together as a network has also provided greater influence, not least in feeding evaluation evidence into the debates on the Social Services and Well-being (Wales) Act as it was being developed. This will continue to be an important area of interest as the policy focus shifts to how the Act will be implemented from April 2016 onwards.

6.4 Performance

The evidence gathered demonstrates that the AdvantAGE advocacy projects have delivered and are continuing to deliver activity which is in-line with the programme and individual project objectives. The services being delivered are also firmly in-line with the broader policy context.

Overall performance in relation to the number of beneficiaries has been positive and the overall target for beneficiaries has been exceeded albeit that a proportion of the 12,459 older people supported will have benefitted from lighter touch information and advice services. The average unit cost per beneficiary supported on the basis of the original £6m budget is £482.

Based on evidence from six of the nine advocacy projects, beneficiary feedback on the quality of services provided by AdvantAGE advocates and the way in which they have gone about their work is very positive.

6.5 Outcomes

In terms of the outcomes achieved by the AdvantAGE advocacy projects, we present our conclusions in the context of three of the main headings in the Quality of Life model.

Older people are listened to and respected

There is evidence that AdvantAGE advocacy projects have resulted in:

- Beneficiaries feeling more confident to deal with issues and are more positive about themselves and their circumstances.
- Beneficiaries being listened to more than they were before.
- Beneficiaries being treated with more dignity and feeling safer than they did before.
- Beneficiaries being more aware of their rights and how to go about exercising them.

Older people are doing the things that matter to them

There is evidence that AdvantAGE advocacy projects have resulted in:

- Beneficiaries feeling able to make more informed choices about their lives.

Older People are getting the help that they need

There is evidence that AdvantAGE advocacy projects have resulted in:

- Beneficiaries being more in control of the care and services they receive.
- Beneficiaries understanding their situation better and being more clearly informed about what services are available to help them.

TECHNICAL ANNEX 1

Overview of AdvantAGE Advocacy Projects

Project name and lead sponsor	Area covered	Brief Description	Staff/Volunteer Resources
The South West Wales Safeguarding Older People Project. Age Cymru, Swansea Bay.	Swansea, Bridgend and Neath Port Talbot	The project provides issue based generic instructed advocacy for people aged 50+ with the emphasis on safeguarding. Three year project.	Six full time staff 16 Volunteers.
The Voice and Choice project. Alzheimer's Society.	All-Wales	An all-Wales independent specialist dementia advocacy service for older people that provides a unique service that is outcomes focussed for people with dementia with complex needs. It promotes social justice and social inclusion and can empower people living with dementia to speak for themselves. Three year project.	11 part time staff Targeting the recruitment of 42 volunteers.
The Informed Choices project. Disability Powys.	Powys	Aims to support older disabled people and their carers to ensure that both can express their concerns, needs and desires for the future so that they are better able to meet future challenges in life. The project is delivered in partnership between Disability Powys and Powys Carers Service. Five year project.	Seven part time staff and a target of 30 volunteers.
The North Wales Safeguarding Project. Age Connects, North Wales Central.	Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham.	Supports vulnerable older people aged 50 and over in North Wales. It is a partnership between the three Age Concern (AC) organisations in North Wales ⁵⁶ . The Project has a different emphasis in the three areas: <ul style="list-style-type: none"> • Gwynedd and Anglesey: generic or generalist approach, with an emphasis on safeguarding older people. • Conwy and Denbighshire: Emphasis on people living in, or faced with entering care homes and those in hospital prior to their discharge. • Flintshire and Wrexham: Older people who are suffering domestic abuse, and generic or generalist Advocacy. Three year project.	Six full time and two part time staff. 25 volunteers recruited.
The Wales Eye Patient Advocacy Service. RNIB.	All-Wales via eye clinic in nine hospitals.	Delivers a service at the point of need/diagnosis of sight loss in the hospital eye service. The officers support patients through listening, giving emotional support, providing information	Five part time staff. Target of 21 volunteers.

⁵⁶ Comprising Age Concern North Wales Central (Conwy County Borough and Denbighshire) (lead body), Age Cymru Gwynedd & Môn and Age Concern North East Wales (Flintshire & Wrexham County Borough).

		and advice, signposting to vital services including local societies and clubs, welfare rights, rehabilitation/social services and counselling. Three year project.	
The South East Wales Safeguarding Older People Programme. Age Connects Cardiff and the Vale.	Cardiff, Vale of Glam, Torfaen, RCT, Merthyr Tydfil, Newport, Blaenau Gwent, Monmouthshire and Caerphilly.	Provides a programme of four independent advocacy projects across the South East Wales Region: <ul style="list-style-type: none"> • Cardiff and the Vale – Care Home advocacy for people with dementia • Rhondda and Merthyr – Care Home advocacy • Torfaen – Generic advocacy in any setting for vulnerable older people, and older people at risk of or experiencing abuse • Newport, Monmouthshire, Caerphilly and Blaenau Gwent – Financial advocacy for people living in the community Three year project.	Seven full time staff and two part time staff. 30 volunteers.
The Cyngor 50+ Advice (Carmarthenshire Sheltered Homes Project). Shelter Cymru.	Carmarthenshire	The project aims to provide information, advice, advocacy and support to people aged over 50 in Carmarthenshire with housing or related issues. Volunteers predominantly aged over 50 are involved in the delivery and development of the project, and receive on-going training to develop their skills. Three year project.	One full time and one part time staff. Ten volunteers.
The 50+ Autonomy Advocacy Project. Eiriol.	Carmarthenshire	The project aims to expand existing services to provide a specialist advocacy service for people aged 50+ suffering from dementia or any conditions that may affect their autonomy. Aims to enable beneficiaries to participate in decision making regarding their current care provision and prepare for future care needs. The project also promotes self-advocacy to older people, carers friends, family and professionals by providing awareness raising sessions about the Mental Capacity Act and how to take steps to protect their interests. Five year project.	Two full time and one part time. No volunteers.
Swansea Carers Centre	Swansea	Aims to improve the quality of life for older people aged 50+ who are carers by providing access to a professional independent advocacy and respite service. Seeks to empower carers to represent their own interests and where this is not possible will advocate on their behalf. Gives carers a voice when they	Two part time staff. Two volunteers.

are faced with difficult decisions/formal meetings and are struggling to cope with their caring role. The project is supported by a group of 50+ volunteers providing face to face, telephone and email contact and support to beneficiaries.

TECHNICAL ANNEX 2

Overview of intended outcomes – AdvantAGE Advocacy Projects

Project name and lead sponsor	Overview of Intended Outcomes
The South West Wales Safeguarding Older People Project. Age Cymru Swansea Bay.	<p>Outcome 1: 1260 older people will have increased confidence and ability to meet the challenges and opportunities of ageing.</p> <p>Outcome 2: the findings brought about by our comprehensive evaluation will have demonstrated the impact that independent advocacy provision can have on improving the lives of vulnerable older people in Wales.</p> <p>Outcome 3: 1260 older people will have an increased understanding and use of their rights leading to improved choice and control over their own lives.</p>
The Voice and Choice project. Alzheimer's Society.	<p>The project will increase the confidence of 400 older people with dementia to meet the challenges and opportunities</p> <p>The project will empower 400 older people with dementia to keep control of their own lives for as long as possible</p> <p>The project will provide evidence that one of the National Dementia Vision for Wales objectives is being delivered successfully.</p>
North Wales Safeguarding Project. Age Connects North Wales Central.	<p>To support 2160 vulnerable older people aged 50 and over in North Wales to:</p> <p>Live more independently as a result of their confidence being boosted following the assistance of an advocate</p> <p>Have choice and control over their lives by having increased understanding, awareness and use of rights, resulting in enhanced levels of independence and self-respect</p> <p>Demonstrate the positive impact via external evaluation</p>
Wales Eye Patient Advocacy Service. RNIB.	<p>2400 people over three years receiving support at the point of diagnosis in the Hospital Eye Service.</p> <p>450 people diagnosed with sight loss access the benefits they are entitled to.</p> <p>450 people with sight loss accessing local services to increase social intervention and improved well-being.</p>
South East Wales Safeguarding Older People Programme. Age Connects Cardiff and the Vale.	<p>Outcome 1: 2060 beneficiaries in SE Wales will be supported to live independently, they will have developed confidence, self-determination and emotional strength to cope with the challenges they face in their lives</p> <p>Outcome 2: 2060 beneficiaries in SE Wales will have choice and control over their own lives through the use of information and access to support that will allow them to exercise their rights</p> <p>Outcome 3: the findings will be communicated to 9 local authorities, 4 NHS local health boards, 6 Council's for Voluntary Services and the Welsh Assembly Government, through seminar reports that will influence improvements in policy, practice and services to vulnerable older people</p>
The Cyngor 50+ Advice	Provide advice and advocacy to 360 people aged 50+ presenting with a housing issue.

(Carmarthenshire Sheltered Homes Project). Shelter Cymru.	<p>Provide information to 600 people aged 50+ presenting with a housing issue.</p> <p>Provide support to 120 people aged 50+ presenting with a housing issue. (have asked for a reduction to the targets in Year 2 which if agreed will affect these figures)</p>
The Informed Choices project. Disability Powys.	<p>After 5 years 500 older carers will have been supported to plan for the transition in care giving them greater confidence about their future care</p> <p>After 5 years 500 older people who are cared for by another older person feel that they have more control over their life and better able to make informed choices about their life, care and support</p> <p>The Evaluation demonstrates the effectiveness of advocacy is providing appropriate care support for older disabled people</p>
The 50+ Autonomy Advocacy Project. Eiriol.	<p>By the end of the project 350 older people will have received 1:1 advocacy giving them increased confidence and ability to participate indecision making</p> <p>By the end of the project 1,000 older people will have received information and /or undertaken sessions to better understand their rights and protect their interests</p> <p>By the end of the project monitoring and evaluation demonstrates the project's effectiveness in improving the quality of life for older people and services to them, this being reported to local health and social care commissioners who may then commission longer term advocacy services</p>
Swansea Carers Centre advocacy project.	<p>Outcome 1 – By the end of the project, 650 older people who are carers will have developed increased confidence and ability to meet the challenges and opportunities they face on a daily basis</p> <p>Outcome 2 – By the end of the project 450 older people who are carers, will have gained an increased understanding of their rights, enabling them to access appropriate services for both themselves and the people they care for</p> <p>Outcome 3 – Through the dissemination of evaluation findings during years three and five, stakeholders will recognise the positive impact of the carers' advocacy service for older people who are carers across the City and County of Swansea</p>

TECHNICAL ANNEX 3

Overview of self-evaluation evidence supplied by advocacy projects for meta-analysis

Project	Self-Evaluation Evidence Available
The Informed Choices project. Disability Powys.	<p>First year evaluation report prepared by Funding Eye. December 2012.</p> <p>Second year evaluation report prepared by Funding Eye. January 2014.</p> <p>Mid-term evaluation report prepared by Funding Eye. January 2015.</p>
The South West Wales Safeguarding Older People Project. Age Cymru, Swansea Bay.	Results Based Accountability Data prepared by the Welsh Institute for Health and Social Care, University of South Wales. Covers the period January 2012 to October 2014.
The North Wales Safeguarding Project. Age Concern, North Wales Central.	<p>Various reports including:</p> <ul style="list-style-type: none"> • Half Yearly Internal Evaluation Report. 1st November 2011 – 30th April 2012. • Half Yearly Feedback Survey. 1st May 2012 – 31st October 2012. • Breakdown of Referrals. 1 November 2011 – October 2012. • External Evaluation Progress Report by Social Inclusion Research Unit, Glyndŵr University • Annual Internal Evaluation Report. 1st November 2013 – 31st October 2014 • Final External Evaluation Report by Social Inclusion Research Unit, Glyndŵr University. June 2014.
The South East Wales Safeguarding Older People Programme. Age Concern Cardiff and the Vale.	<p>Results Based Accountability Summary Report for the period January – October 2012 and for November 2012 – April 2013. Prepared by the Welsh Institute for Health and Social Care, University of South Wales.</p> <p>Results Based Accountability Data prepared by the Welsh Institute for Health and Social Care, University of South Wales. Covers the period January 2012 to November 2014.</p>
All Wales Independent Specialist Dementia Advocacy Service. Alzheimer's Society.	<p>Year 1 Evaluation Report prepared by HERC Associates. February 2013.</p> <p>Year 3 Evaluation Report prepared by HERC Associates. November 2014.</p>
All-Wales Eye Patient Advocacy Service. RNIB	<p>Wales Eye Clinic Liaison Service Impact report. Prepared by RNIB.</p> <p>Summary findings from research with ophthalmologists and supported patients.</p> <p>Monitoring Data.</p>
Cyngor 50+ Advice (Carmarthenshire Sheltered Homes Project). Shelter Cymru.	Monitoring Data. January 2015.
The 50+ Autonomy Advocacy Project. Eiriol.	Year 3 Project Monitoring Form submitted to the Big Lottery Fund. Covers the period December 2013 to December 2014.
Swansea Carers Centre. Swansea Carers' Advocacy Service.	Monitoring Data. January 2015.

TECHNICAL ANNEX 4

Evidence - Performance (Quantity) – How much has been done?

Project name and lead sponsor	Referrals/ Beneficiaries	As % of overall target	Overview
The Informed Choices project.	873	175%	<p>Covers three year period to January 2015</p> <p>39% were older carers 61% were older disabled people 58% of beneficiaries were female, 42% male 77% of beneficiaries were aged between 50 and 75 23% of beneficiaries were aged 75 and over</p> <p>Average hours per case: 2</p> <p>Main issues dealt with:</p> <ul style="list-style-type: none"> • Benefits • Health • Respite care • Home adaptations • Housing
South East Wales Safeguarding Older People Programme	779	38%	<p>Covers period Jan 2012 – Jan 2015</p> <p>53% of referrals were aged between 50 and 79 40% of referrals were 80 years or older⁵⁷ 61% of referrals were female, 39% male 37% of referrals (the highest proportion) came from social services Other notable referrers included Age Connects internal (17%), Care Home Managers (5%), self-referrals (16%) 42% were living alone 17% were living in a residential care home 25% were living in a home owned outright 21% were registered disabled 31% were provided with instructed advocacy, 11% with non-instructed and 9% with a mix of both. 10% of advocacy was rights based and 3% related to 'best interests'. The type of advocacy was not recorded for 36% of clients. 19% were with diagnosed dementia</p> <p>Main issues dealt with:</p> <ul style="list-style-type: none"> • Finance (other) (20%) • Residential care (14%) • Discharge planning (14%) • Finance (benefits) (12%) <p>Average length of recorded visits: 82 minutes</p>
North Wales Safeguarding Project	2380	110%	<p>Covers period Nov 2011 – Oct 2014</p> <p>Age related data available for 610 beneficiaries, of which:</p>

⁵⁷ 1 % of the remainder were under 50 and there was no age data for the remaining 7%.

55% aged 50-79

45% aged 80+

Gender related data available for 807 beneficiaries, of which:

64% female

36% male

58% of referrals (the highest proportion) came from social services. Other notable referrers included family members (11%), voluntary organisations (9%), Social Services (8%)

Main issues dealt with:

- Care Issues (18.5%)
- Complaints / Disputes (18%)
- Housing (15.5%)
- Financial (14.5%)
- General (14.5%)
- Health and Wellbeing (7.5%)
- Abuse (5.5%)
- Legal issues (3%)
- Hospital discharge (2%)
- Tribunals / Hearings (1%)

The South West
Wales
Safeguarding
Older People
Project.

709

33%

Covers period Jan 2012 – October 2014

64% of referrals were aged between 50-79

29% of referrals were 80 years or older

7% of referrals were 'unknown' in terms of age

62% referrals were female, 38% male

31% (the highest proportion) of referrals were self-referred
Other notable referral sources included Age Cymru
internal referrals (20%), social services (19%) and
family/carer/friend (13%)

57% were living alone

43% were owner occupiers

9% lived in a Housing Association property

9% were a council tenant and 8% in a residential home

6% lived in private rented accommodation

6% lived in sheltered housing

68% said that they had a disability (the majority of these
were physical disabilities)

Main issues dealt with:

- Treatment/care (28%)
 - Financial (24%)
 - Housing (22%)
 - Access to Services (20%)
-

Average hours per case: 8		
The Voice and Choice Project.	61	15%
Covers May 2012- December 2012		
Referrals broken down as follows (via project service bases):		
Cardiff 14		
Neath Port Talbot 13		
Caerphilly 8		
Pontllanfraith 11		
As of December 2012, 22 of the 61 cases had been 'closed'. The average case length is three months (the shortest being one month and the longest six months).		
38 of the 61 referrals (62%) are female with 23 (38%) being male.		
The 61 referrals range from their 50s through to people in their 90s. The highest proportion of beneficiaries (both male and female) are in their 80s.		
Referral sources (unquantified) have included:		
Family members		
Friends		
Social workers		
Occupational therapists		
Dementia support workers		
Memory clinic and care staff		
The service has been delivered via a mix of telephone calls (just over half of actions completed by advocates), visits (just under a quarter of all actions) and e-mails, meetings and other actions (around a quarter of actions).		
No data available on average hours per case.		
Wales Eye Patient Advocacy Service	6,730	160%
Period covers 2012 and some of 2013.		
The total number of registered beneficiaries to date (6,730) includes 'light touch' contact with patients (e.g. providing a brochure or a brief conversation in a waiting room) through to more comprehensive advice and support from Eye Clinic Liaison Officers (ECLOs).		
61% were female		
39% were male ⁵⁸		
90% were over the age of 50		
The largest proportion of beneficiaries (at 19%) were aged between 80 and 84. This was followed by 85 to 90 year olds at 17% ⁵⁹		

⁵⁸ Gender analysis based on data provided for 5,684 beneficiaries.

⁵⁹ Age analysis based on data provided for 4,386 beneficiaries.

76% of 1755 lived alone.
 58% of 995 had a carer.
 25% of 1007 said they had suffered a fall.

The main issues dealt with/support provided included:

- 76.5% of 1899 seen were given Information packs.
- 99% of 4296 seen were given information on the role of the ECLO and contact information.
- 79% of 2093 were given information on their eye condition.
- 70% of 1378 were given information on registering themselves as blind or partially sighted.
- 98% of 3008 were given information on Local Services available to them.
- 96% of 2413 were given information on National Services.
- 27% of 647 were given information on employment.
- 81% of 1709 were given information of Welfare Rights and benefits.
- 90% of 1920 were given information on equipment such as low vision aids.
- 22% of 599 were given information on bus passes.

Cyngor 50+ Advice (Carmarthenshire Sheltered Homes Project).	498	142%	Covers period Jan 2012 – Jan 2015
			<p>67% of referrals were aged between 50-75 11% of referrals were 75 years or older 4% of referral were under 50 years old 18% of referrals were 'unknown' in terms of age</p> <p>53% referrals were female, 47% male</p> <p>Homelessness was prevented in 40% of referrals</p> <p>31% (the highest proportion) of referrals were self-referred Other notable referral sources included Age Cymru internal referrals (20%), social services (19%) and family/carers/friend (13%)</p> <p>17% were private renters 6% lived in a property owned by a Registered Social Landlord 3% were living with family and friends and 2% were council tenants 51% said that they had a disability</p> <p>Main issues dealt with:</p> <ul style="list-style-type: none"> • Housing (77%) • Welfare Benefit (16%) • Debt / Money (7%)
The 50+	196	115%	Covers period January 2012 to December 2014

Autonomy Advocacy Project.			<p>78% of referrals were aged between 50-74 22% of referrals were 75 years or older</p> <p>52% of referrals were female, 48% male 12% of referrals consider themselves to have a disability</p>
Swansea Carers' Advocacy Service	233	36%	<p>Covers period January 2012 to January 2015</p> <p>64% of referrals were aged between 50-80 10.5% of referrals were 81 years or older 23.5% of referral were under 50 years old 2% of referrals were 'unknown' in terms of age</p> <p>85% referrals were female, 15% male</p> <p>Main issues dealt with:</p> <ul style="list-style-type: none"> • Information (10.5%) • Benefits (8%) • Discharge issues (7%)

TECHNICAL ANNEX 5

Evidence - Performance (Quality) – How well has it been done?

The South West Wales Safeguarding Older People Project. Age Concern, Swansea Bay.

Source/Methodology:

Self-evaluation evidence gathered on the basis of 236 completed responses from 709 closed cases. This relates to the period January 2012 to October 2014.

RBA Report for Age Cymru Swansea Bay, Age Concern Morgannwg and Age Concern Neath Port Talbot. Welsh Institute for Health and Social Care. University of South Wales

Key findings in relation to satisfaction:

- 90% said that they were very satisfied with the advocate and support offered.
- 89% said that they were very satisfied with the service received from the project.
- 80% said that they strongly agreed the person supporting them had the relevant skills and knowledge to be able to help.
- 87% said that they would be very likely use this advocacy service again in future
- 90% said that it is very likely they would recommend the service to a friend

In addition, RBA data for this project shows that 96% of clients were contacted within three days of being referred and 86% were offered an initial appointment within two weeks.

The South East Wales Safeguarding Older People Project. Age Concern Cardiff and the Vale.

Source/Methodology:

RBA Satisfaction data gathered from 331 of 779 total beneficiaries (November 2012 – November 2014)

Key findings in relation to satisfaction:

- 67% said they got everything or most of what they wanted from the project
- 81% said they were very happy with their advocate
- 42% said they were very happy with the service they received overall
- A further 25% said they were fairly happy with the service they received overall

The North Wales Safeguarding Project. Age Concern, North Wales Central.

Source/Methodology:

This project distributed paper questionnaires to 912 beneficiaries that had used the project's services between 1st November 2011 and 31st October 2013. The project received 270 responses (a 30% response rate).

Key findings in relation to satisfaction:

- 231 beneficiaries commented on how they rated the service received. 62% rated it as very good, 26% as good 9% as average and 3% as poor
- 230 beneficiaries commented on how easy the service was to use. The majority at 95% said that the service was easy to use.

- 226 beneficiaries commented on whether the service met their expectations. The majority at 95% said that it had met their expectations.
 - 217 beneficiaries commented on whether they felt they had been treated with dignity and respect. The majority at 98% said that they had.
-

The Informed Choices project. Disability Powys.

Source/Methodology:

This project has received feedback from 325 beneficiaries representing 37% of the 873 clients it has supported. The findings are reported in the project's interim evaluation report prepared by Funding Eye in January 2015.

Key findings in relation to satisfaction:

- 67% (214 beneficiary respondents) indicated that they were wholly satisfied with the outcome of the advocacy service they received.
- 21% (81 beneficiary respondents) indicated that they were partially satisfied with the outcome of the advocacy service they received.
- 12% (30 beneficiary respondents) indicated that they were unsatisfied with the outcome of the advocacy service they received.

The evaluation report sets out that there were numerous reasons for non-satisfaction, including 'I don't really need an advocate' and 'not being entitled to any additional welfare support'⁶⁰.

The Wales Eye Patient Advocacy Service. RNIB.

Source/Methodology:

This project has received feedback from 53 beneficiaries which responded to a questionnaire.

Key findings in relation to satisfaction:

- 43% (23 beneficiaries) said that they found the support they had received from the project 'very useful'.
 - 13% (7 beneficiaries) said that they found the support they had received from the project useful
 - 37% (20 beneficiaries) rated the service as 'excellent'
 - 96% (51 beneficiaries) felt they had been provided with enough time to discuss how they felt about their eye condition
-

The Swansea Carers Centre Advocacy Project. Swansea Carers Centre.

Source/Methodology:

⁶⁰ Informed Choices Evaluation Report. Year 1. Funding Eye. December 2012. Page 4.

This project has received feedback beneficiaries which responded to a questionnaire – the numbers which took part is not clear.

The questionnaire found that:

- 75% of beneficiaries stated they felt significantly supported and informed throughout the advocacy process while 25% stated they felt that they were quite well supported and informed throughout the advocacy process.
-

TECHNICAL ANNEX 6

Evidence - Effect – What difference has it made?

The South West Wales Safeguarding Older People Project. Age Concern, Swansea Bay.

Source/Methodology:

Self-evaluation evidence gathered on the basis of 219 completed responses from 709 closed cases. This relates to the period January 2012-October 2014.

RBA Report for Age Cymru Swansea Bay, Age Concern Morgannwg and Age Concern Neath Port Talbot. Welsh Institute for Health and Social Care. University of South Wales

Key findings in relation to outcomes:

- 53% said they strongly agreed that using the service had helped improve their quality of life. A further 19% agreed with this statement.
- 62% said that they felt more independent after the project.
- 69% said that they felt they could access their rights more effectively after the project.
- 74% said that they felt more positive after the project.
- 55% said that they felt they were being treated with more dignity after the project.

This project has also undertaken research with beneficiaries at baseline, 'case closed' and at a three month follow-up interval. This fieldwork involved beneficiaries providing 'outcome scores' for themselves across a range of issues, including:

- Control of care (+3.7)⁶¹
- Self-advocacy (+2.9)⁶²
- Being treated with dignity (+4.4)⁶³
- Feeling positive (+3.6)⁶⁴
- Feeling safe (+3.6)⁶⁵
- Keeping in touch (+2.8)⁶⁶
- Looking after yourself (+2.5)⁶⁷
- Managing money (+3.8)⁶⁸
- Staying as well as you can (+3.3)⁶⁹

In each case (there were an average of 26 cases in total followed through from baseline to three months post intervention) beneficiaries showed an increase in their outcomes scores. The scores for being treated with dignity, managing money and taking control of care stand out as being the areas that beneficiaries show the most significant gains in.

Qualitative evidence from beneficiaries of this project underlines a number of the positive outcomes. Some examples of quotes from beneficiaries include:

'The advocate was very, very useful...assisted me and came to all the meetings. [The advocate] told me all the questions they would ask...[the advocate] showed me a blank

⁶¹ Sample base at baseline = 125 and 19 at 3 month follow up.

⁶² Sample base at baseline = 422 and 94 at 3 month follow up.

⁶³ Sample base at baseline = 106 and 17 at 3 month follow up.

⁶⁴ Sample base at baseline = 190 and 43 at 3 month follow up.

⁶⁵ Sample base at baseline = 43 and 10 at 3 month follow up.

⁶⁶ Sample base at baseline = 55 and 18 at 3 month follow up.

⁶⁷ Sample base at baseline = 33 and 8 at 3 month follow up.

⁶⁸ Sample base at baseline = 103 and 24 at 3 month follow up.

⁶⁹ Sample base at baseline = 24 and 4 at 3 month follow up.

assessment form...it has taken a big burden off my shoulders’.

‘When the advocate was there...the staff at the hospital would say ‘is that alright with you?’ They would never ask me that before’!

The South East Wales Safeguarding Older People Project. Age Concern Cardiff and the Vale.

Source/Methodology:

RBA outcomes data gathered from 331 beneficiaries (November 2012 – November 2014)

Key findings in relation to satisfaction:

- 41% said that they got everything they wanted, 25% said that they got most of what they wanted while 23% said that they got some of what they wanted from the advocacy service.
- 10% said that they are very confident and 45% said they were confident in the future as a result of the advocacy service. 30% said they were not sure about their confidence in the future whilst 7% said they were fairly unconfident and 5% said they were very unconfident.
- 40% strongly agreed and 41% agreed with the statement that the advocate had helped them recognise that they are important and valuable as an individual. 13% neither agreed nor disagreed with the statement.
- 22% strongly agreed and 43% agreed with the statement that the advocate had helped them feel better about themselves. 28% neither agreed nor disagreed with the statement.
- 25% strongly agreed and 48% agreed with the statement that the advocate had helped them feel less worried. 17% (nine beneficiaries) neither agreed nor disagreed with this statement.

On the basis of a scoring mechanism where 1= strongly disagree, 2= disagree, 3 = neither agree nor disagree, 4 = agree and 5 = strongly agree, a number of beneficiaries were asked to comment on a number of key statements at baseline (i.e. pre-intervention, case closed and three month follow-up points).

Key findings between the baseline interviews and the post-intervention, 3 month follow-up interviews include that:

- On average, beneficiaries recorded a +0.1 score in relation to how confident they are to speak up for themselves⁷⁰
 - On average, beneficiaries recorded a +0.4 score in relation to whether they felt listened to when they speak up for themselves⁷¹
 - On average, beneficiaries recorded a +0.4 score in relation to their ability to make choices about their lives⁷²
 - On average, beneficiaries recorded a +0.5 score in relation to the statement ‘I am as independent as I want to be’⁷³
 - On average, beneficiaries recorded a +0.5 score in relation to the statement ‘those caring for me know my preferences’⁷⁴
-

⁷⁰ Sample base at baseline = 511 and 191 at 3 month follow up.

⁷¹ Sample base at baseline = 511 and 192 at 3 month follow up.

⁷² Sample base at baseline = 509 and 191 at 3 month follow up.

⁷³ Sample base at baseline = 509 and 183 at 3 month follow up.

- On average, beneficiaries recorded a +0.4 score in relation to the statement 'those caring for me know more about my past life'⁷⁵
- On average, beneficiaries recorded a +0.5 score in relation to the statement 'I am able to maintain important relationships'⁷⁶
- On average, beneficiaries recorded a +0.6 score in relation to the statement 'I am able to use the local community'⁷⁷

The North Wales Safeguarding Project. Age Concern, North Wales Central.

Source/Methodology:

This project distributed paper questionnaires to 912 beneficiaries that had used the project's services between 1st November 2011 and 31st October 2013. The project received 278 responses (a 30% response rate).

Key findings in relation to outcomes:

This project undertook fieldwork with beneficiaries pre and post intervention asking questions across a range of areas. The responses to these are summarised below with the values expressed showing the number of beneficiaries having responded.

Question	Total Responses before Advocacy	Total Responses after Advocacy
1.I feel confident to tell people what I want		
Disagree	43	7
Not Sure	75	18
Agree	123	213
2.I feel people are listening to me		
Disagree	70	16
Not Sure	72	16
Agree	100	203
3.I feel worried or upset about the problem/issue I need help with		
Disagree	23	76
Not sure	29	29
Agree	181	129
4.I feel I have control over my situation		
Disagree	106	30
Not sure	86	59
Agree	58	151
5.I know what my rights are		
Disagree	64	12
Not sure	122	79
Agree	59	145
6.I feel supported to live independently		
Disagree	51	14

⁷⁴ Sample base at baseline = 274 and 75 at 3 month follow up.

⁷⁵ Sample base at baseline = 272 and 75 at 3 month follow up.

⁷⁶ Sample base at baseline = 301 and 93 at 3 month follow up.

⁷⁷ Sample base at baseline = 303 and 93 at 3 month follow up.

Not Sure	56	53
Agree	104	159
	7 N/A	2 N/A

The Informed Choices project. Disability Powys.

Source/Methodology:

This project has received feedback from 325 beneficiaries representing 37% of the 873 clients it has supported. The findings are reported in the project's annual evaluation reports prepared by Funding Eye in January 2013, 2014 and 2015.

Key findings in relation to outcomes (post intervention):

- 82% (273 beneficiary respondents) indicated that they were more confident to deal with the issue
- 80% (266 beneficiary respondents) indicated that they felt more in control of their life
- 79% (256 beneficiary respondents) indicated that they were more aware of their rights
- 79% (255 beneficiary respondents) indicated that they felt able to make more informed choices about their lives

The Wales Eye Patient Advocacy Service. RNIB.

Source/Methodology:

This project has received feedback from 53 beneficiaries which responded to a questionnaire.

The project also received responses from 50 practicing ophthalmologists in respect of the project.

Key findings in relation to outcomes from a beneficiary perspective include that:

- 98% (52 beneficiaries) said that their contact with the ECLO helped them to understand what other support and information is available outside of the hospital.
- After contact with the ECLO, 88% thought they had a better understanding of their eye condition.
- 67% said that they had a better understanding of what things they could do to care for and treat their eye condition.
- On leaving the clinic/hospital 85% felt more reassured after seeing the ECLO.
- All respondents felt more informed about what help is available with 94% feeling more confident about seeking help.

Key findings in relation to outcomes from a practitioner (ophthalmology) perspective include that:

- 98% (49 respondents) agreed that the ECLO service is an integral part of the eye clinic department.
- 94% (47 respondents) agreed that the ECLO service can increase clinical staff

efficiency by reducing the time spent with distressed patients.

- 84% agreed that the ECLOs assisting with the processing on certificates of visual impairment (CVIs) can reduce the time consultants spend on administrative duties.
 - 78% agreed that the service increases clinical staff efficiency by reducing the time spent on non-compliant patients.
 - 78% would value an ECLO service which provides immediate advice on falls prevention.
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Swansea Carers' Centre Advocacy Project. Swansea Carers Centre.

Source/Methodology:

This project conducted a survey with beneficiaries and interviewed a sample of external professionals which have come into contact with the project. The numbers of beneficiaries and professionals who took part in this is not clear.

Key findings in relation to outcomes from a beneficiary perspective include that:

- 75% of beneficiaries stated that they had a significant increase in understanding of their rights following engagement with the advocacy service, with 25% of beneficiaries stating that there had been a slight increase in their understanding of their rights following engagement with the service.
- 60% of beneficiaries stated they were more confident to address issues they faced in the future with 40% of beneficiaries stating that they felt some increase in their ability to address issues they would face in the future.

Key findings in relation to the views of external professionals include that:

- 100% of professionals interviewed stated that they believed the advocacy intervention had empowered the client.
 - 60% of professionals interviewed stated that their clients' confidence had increased as a result of advocacy intervention
 - 60% stated of professionals interviewed said that beneficiaries had better communication as a result of advocacy involvement
 - 40% of beneficiaries stated that beneficiaries had a better understanding of their rights.
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